



C A L I F O R N I A   D E P A R T M E N T   O F

# Mental Health

Audits – Bay & Central Region  
1515 Clay Street, Suite 1109, Oakland, CA 94612  
(510) 622-2584, FAX (510) 622-2585

January 29, 2009

Mike Kennedy  
Director  
Sonoma County Mental Health  
860 N. Bush Street  
Ukiah, CA 95482

Dear Mr. Kennedy:

## AUDIT REPORT – SONOMA COUNTY COMMUNITY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Sonoma County Community Mental Health Services for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

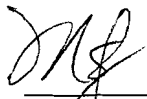
The effect of this revised allowable program costs is as follows:

	<u>Net Program Costs</u>		
	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 8,038,277	\$ 7,671,852	\$ (366,425)
Federal Share of Healthy Families	\$ 134,111	\$ 115,012	\$ (19,099)
State General Funds EPSDT Due State	\$ 1,178,568	\$ 1,137,636	\$ (40,932)

Mike Kennedy, Director  
January 29, 2009  
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If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

  
for WALTER J. HILL, JR., MBA, EA  
Chief of Audits

  
MABEL GILTNER, Supervisor  
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

COUNTY OF SONOMA  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS  
FISCAL YEAR ENDED JUNE 30, 2004

		As Settled	Audit Adjustments	As Audited
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 5,755,162	\$ (167,042)	\$ 5,588,120
HEALTHY FAMILIES - FFP	(Sch. 2a)	99,728	(11,713)	88,015
TOTAL FFP - COUNTY PROVIDERS		\$ 5,854,890	\$ (178,755)	\$ 5,676,135
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 2,283,115	\$ (199,383)	\$ 2,083,732
HEALTHY FAMILIES - FFP		34,383	(7,386)	26,997
TOTAL FFP - CONTRACT PROVIDERS		\$ 2,317,498	\$ (206,769)	\$ 2,110,729
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 8,038,277	\$ (366,425)	\$ 7,671,852
HEALTHY FAMILIES - FFP		134,111	(19,099)	115,012
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		\$ 8,172,388	\$ (385,524)	\$ 7,786,864
<u>SUMMARY OF STATE GENERAL FUNDS</u>				
EPSDT - SGF	(Sch. 4)	\$ 1,178,568	\$ (40,932)	\$ 1,137,636

COUNTY OF SONOMA  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE  
FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL

		Audit		
		As Settled	Adjustments	As Audited
<b>Total Medi-Cal Gross Reimbursement</b>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	7,846,841	(376,030)	7,470,811
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	36,155	36,155
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	134,671	(16,382)	118,289
9. Total		<u>\$ 7,981,512</u>	<u>\$ (356,257)</u>	<u>\$ 7,625,255</u>

Less: Patient & Other Payor Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	15,756	94,793	110,549
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 15,756</u>	<u>\$ 94,793</u>	<u>\$ 110,549</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	7,831,085	(434,668)	7,396,417
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	134,671	(16,382)	118,289
25. Total		<u>\$ 7,965,756</u>	<u>\$ (451,050)</u>	<u>\$ 7,514,706</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 229,168	\$ (9,753)	\$ 219,415
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	568,069	(24,175)	543,894
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	540,953	(23,021)	517,932
29. Total		<u>\$ 1,338,190</u>	<u>\$ (56,949)</u>	<u>\$ 1,281,241</u>

COUNTY OF SONOMA  
COMMUNITY MENTAL HEALTH SERVICES  
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE  
FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL

			Audit		
			As Settled	Adjustments	As Audited
<b>Amount Negotiated Rates Exceed Cost</b>					
30. Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$	0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)		0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0	0	0
36. Total		\$	<u>0</u>	<u>0</u>	<u>0</u>
<b>Medi-Cal Administrative Reimbursement</b>					
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	<u>1,819,889</u>	<u>\$ (108,247)</u>	<u>\$ 1,711,642</u>
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$	<u>1,326,977</u>	<u>\$ 199,032</u>	<u>\$ 1,526,009</u>
39. Medi-Cal Administrative Reimbursement	(Lower of Ln 37, Ln 38)	\$	<u>1,326,977</u>	<u>\$ 199,032</u>	<u>\$ 1,526,009</u>
<b>Healthy Families Administrative Reimbursement</b>					
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$	<u>18,757</u>	<u>\$ (1,638)</u>	<u>\$ 17,119</u>
41. Healthy Families Administration	(MH1979, Ln 9)	\$	<u>23,982</u>	<u>\$ 63</u>	<u>\$ 24,045</u>
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$	<u>18,757</u>	<u>\$ (1,638)</u>	<u>\$ 17,119</u>
<b>Utilization Review Reimbursement</b>					
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	<u>147,684</u>	<u>\$ (6,285)</u>	<u>\$ 141,399</u>
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$	<u>2,669</u>	<u>\$ (114)</u>	<u>\$ 2,555</u>
<b>Net SD/MC Reimbursement - FFP</b>					
45. Direct Services	(MH1979, Ln 16,16A)	\$	<u>4,175,243</u>	<u>\$ (251,058)</u>	<u>\$ 3,924,185</u>
46. Enhanced (Children)	(MH1979, Ln 17,17A)		<u>0</u>	<u>23,501</u>	<u>23,501</u>
47. Enhanced (Refugees)	(MH1979, Ln 18)		<u>0</u>	<u>0</u>	<u>0</u>
48. MAA	(MH 1979, Ln 11, 12 & 13)		<u>804,332</u>	<u>(34,229)</u>	<u>770,103</u>
49. Administrative Reimbursement	(MH1979, Ln 6)		<u>663,489</u>	<u>99,516</u>	<u>763,005</u>
50. U.R. Skilled Professional	(MH1979, Ln 14)		<u>110,763</u>	<u>(4,714)</u>	<u>106,049</u>
51. U.R. Other	(MH1979, Ln 15)		<u>1,335</u>	<u>(58)</u>	<u>1,278</u>
52. Negotiated Rate-Payback	(MH1979, Ln 20)		<u>0</u>	<u>0</u>	<u>0</u>
53. Subtotal- FFP		\$	<u>5,755,162</u>	<u>\$ (167,042)</u>	<u>\$ 5,588,120</u>
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	<u>0</u>	<u>0</u>	<u>0</u>
55. Quality Assurance Review Results	(Adj # )		<u>0</u>	<u>0</u>	<u>0</u>
56. Total SD/MC Reimbursement - FFP		\$	<u>5,755,162</u>	<u>\$ (167,042)</u>	<u>\$ 5,588,120</u>
<b>Net Healthy Families Reimbursement - FFP</b>					
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	<u>87,536</u>	<u>\$ (10,648)</u>	<u>\$ 76,888</u>
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		<u>0</u>	<u>0</u>	<u>0</u>
59. Administrative Reimbursement	(MH1979, Ln 10)		<u>12,192</u>	<u>(1,065)</u>	<u>11,127</u>
60. Total Healthy Families Reimbursement - FFP		\$	<u>99,728</u>	<u>\$ (11,713)</u>	<u>\$ 88,015</u>
61. Total - FFP (Ln 56 + Ln 60)		\$	<u>5,854,890</u>	<u>\$ (178,755)</u>	<u>\$ 5,676,135</u>

(To Sch. 1)

COUNTY OF SONOMA  
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST  
FISCAL PERIOD ENDED JUNE 30, 2004

Legal Entity Number	Legal Entity	(1) Medi-Cal and Crossover Gross Cost	(2) Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Cost	(6) Medi-Cal and Crossover Gross Cost	(7) Enhanced - Children Gross Cost	(8) Enhanced - Refugees Gross Cost	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Cost
		(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
112	Lincoln Children Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 33,023	\$ 0	\$ 0	\$ 33,023	\$ 0
120	Families First	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 46,013	\$ 0	\$ 0	\$ 46,013	\$ 0
270	Bucklew Programs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,044,211	\$ 0	\$ 0	\$ 1,044,211	\$ 0
273	Edgewood Center for Children	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 86,744	\$ 0	\$ 0	\$ 86,744	\$ 0
396	Social Advocates for Youth	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 337,169	\$ 12,713	\$ 0	\$ 349,882	\$ 2,935
397	Community Support Network	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,103,121	\$ 0	\$ 0	\$ 1,103,121	\$ 0
399	New Directions	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 116,926	\$ 0	\$ 0	\$ 116,926	\$ 8,973
401	True to Life Counseling Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 90,623	\$ 0	\$ 0	\$ 90,623	\$ 0
402	Petaluma People Services Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 39,378	\$ 0	\$ 0	\$ 39,378	\$ 0
403	CARE Children's Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 313,975	\$ 0	\$ 0	\$ 313,975	\$ 0
457	Sunny Hills Children's Garden	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 147,526	\$ 0	\$ 0	\$ 147,526	\$ 0
461	Summitview Children's Treatment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 8,043	\$ 0	\$ 0	\$ 8,043	\$ 0
467	Moss Beach Homes Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 11,052	\$ 0	\$ 0	\$ 11,052	\$ 0
472	Devereux	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 6,916	\$ 0	\$ 0	\$ 6,916	\$ 0
484	Victor Treatment Center, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 260,261	\$ 0	\$ 0	\$ 260,261	\$ 0
515	CLU/PSI Lifeworks	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 233,747	\$ 12,541	\$ 0	\$ 246,288	\$ 29,625
GRAND TOTAL		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3,878,728	\$ 25,254	\$ 0	\$ 3,903,982	\$ 41,533

COUNTY OF SONOMA  
SUMMARY OF CONTRACT PROVIDERS' MEDICAL COST  
FISCAL PERIOD ENDED JUNE 30, 2004

Legal Entity Number	Legal Entity	(11) Total Revenue (Excl. HFP)	(12) Healthy Families Revenue	(13) Total Revenue (Excl. HFP)	(14) Healthy Families Revenue	(15) Total Net Cost (Excl. HFP)	(16) Net Cost Healthy Families	(17) Total Net Cost (Excl. HFP)	(18) Net Cost Healthy Families	(19) Total MAA FFP Reimbursement
		INPATIENT (MH 1968, Ln 28 to 30)		OUTPATIENT (MH 1968, Ln 28 to 30)		INPATIENT (Col 4-11)		OUTPATIENT (Col 9-13)		(MH 1979, Ln 11-13)
112	Lincoln Children Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 33,023	\$ 0	0
120	Families First	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 46,013	\$ 0	0
270	Buckelew Programs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,044,211	\$ 0	0
273	Edgewood Center for Children	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 86,744	\$ 0	0
396	Social Advocates for Youth	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 349,882	\$ 2,935	0
397	Community Support Network	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,103,121	\$ 0	0
399	New Directions	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 116,926	\$ 8,973	0
401	True to Life Counseling Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 90,623	\$ 0	0
402	Petaluma People Services Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 39,378	\$ 0	0
403	CARE Children's Center	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 313,975	\$ 0	0
457	Sunny Hills Children's Garden	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 147,526	\$ 0	0
461	Summitview Children's Treatment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 8,043	\$ 0	0
467	Moss Beach Homes Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 11,052	\$ 0	0
472	Devereux	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 6,916	\$ 0	0
484	Victor Treatment Center, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 260,261	\$ 0	0
515	CIL/PSI Lifeworks	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 246,288	\$ 29,625	0

GRAND TOTAL

\$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 3,903,982 \$ 41,533 \$ 0

Legal Entity Number	Legal Entity	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
		Neg. Rates Exceed Costs (Excl. HFP)	Neg. Rates Exceed Costs Healthy Families	Neg. Rates Exceed Costs (Excl. HFP)	Neg. Rates Exceed Costs Healthy Families	Total SD/MC Reimbursement (FFP)	Healthy Families Reimbursement (FFP)	Total Reimbursement (FFP)	FFP Contract Maximum	Lower of FFP or Contract Maximum
		I N P A T I E N T		O U T P A T I E N T						
		(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
112	Lincoln Children Center	\$ 0	\$ 0	\$ 0	\$ 0	17,486 \$	0 \$	17,486 \$	17,486 \$	17,486
120	Families First	\$ 0	\$ 0	\$ 0	\$ 0	24,551 \$	0 \$	24,551 \$	24,551 \$	24,551
270	Buckelew Programs	\$ 0	\$ 0	\$ 0	\$ 0	555,772 \$	0 \$	555,772 \$	555,772 \$	555,772
273	Edgewood Center for Children	\$ 0	\$ 0	\$ 0	\$ 0	46,322 \$	0 \$	46,322 \$	46,322 \$	46,322
396	Social Advocates for Youth	\$ 0	\$ 0	\$ 0	\$ 0	187,567 \$	1,908 \$	189,475 \$	189,475 \$	189,475
397	Community Support Network	\$ 0	\$ 0	\$ 0	\$ 0	589,048 \$	0 \$	589,048 \$	589,048 \$	589,048
399	New Directions	\$ 0	\$ 0	\$ 0	\$ 0	62,348 \$	5,833 \$	68,181 \$	68,181 \$	68,181
401	True to Life Counseling Center	\$ 0	\$ 0	\$ 0	\$ 0	48,302 \$	0 \$	48,302 \$	48,302 \$	48,302
402	Petaluma People Services Center	\$ 0	\$ 0	\$ 0	\$ 0	21,014 \$	0 \$	21,014 \$	21,014 \$	21,014
403	CARE Children's Center	\$ 0	\$ 0	\$ 0	\$ 0	167,778 \$	0 \$	167,778 \$	167,778 \$	167,778
457	Sunny Hills Children's Garden	\$ 0	\$ 0	\$ 0	\$ 0	78,513 \$	0 \$	78,513 \$	78,513 \$	78,513
461	Summitview Children's Treatment	\$ 0	\$ 0	\$ 0	\$ 0	4,356 \$	0 \$	4,356 \$	4,356 \$	4,356
467	Moss Beach Homes Inc.	\$ 0	\$ 0	\$ 0	\$ 0	5,966 \$	0 \$	5,966 \$	5,966 \$	5,966
472	Devereux	\$ 0	\$ 0	\$ 0	\$ 0	3,662 \$	0 \$	3,662 \$	3,662 \$	3,662
484	Victor Treatment Center, Inc.	\$ 0	\$ 0	\$ 0	\$ 0	138,608 \$	0 \$	138,608 \$	138,608 \$	138,608
515	CIL/PSI Lifeworks	\$ 0	\$ 0	\$ 0	\$ 0	132,439 \$	19,256 \$	151,695 \$	151,695 \$	151,695
GRAND TOTAL		\$ 0	\$ 0	\$ 0	\$ 0	2,083,732 \$	26,997 \$	2,110,729 \$	2,110,729 \$	2,110,729

(To Sch. 1)

COUNTY OF SONOMA  
COMMUNITY MENTAL HEALTH SERVICES  
COMPUTATION OF EPSDT STATE SHARE PER AUDIT  
FISCAL YEAR ENDED JUNE 30, 2004

	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	12,116,841	(816,442)	11,300,399
(2) Total SD/MC Claims	15,412,706	0	15,412,706
(3) Percent % (Line 1/Line 2)	78.62%	-5.30%	73.32%
(4) EPSDT Claims	4,592,631	0	4,592,631
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	3,610,726	(243,468)	3,367,258
(6) Cost Settled Baseline for EPSDT	1,087,027	0	1,087,027
(7) Cost Settlement Amount (Line 5 - Line 6)	2,523,699	(243,468)	2,280,231
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)	1,178,568	(113,700)	1,064,868
(8a) FY 2001-02 EPSDT Settlement	1,792,545	0	1,792,545
(8b) Annual Local Growth (L. 8 - 8a)	0	(727,677)	(727,677)
(9) County Match 10% of Local Growth (8b x 10%)	0	(72,768)	(72,768)
(10) Net Cost Settlement Amount (L. 8 - 9 )	1,178,568	(40,932)	1,137,636
(11) SGF Distribution (Settled and Audited)	1,178,568	0	1,178,568
(12) SGF Due County (State)	0	(40,932)	(40,932)
			(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2001-2002, includes increase for FFS/MC provider rate increase
- (11) SGF gross distribution (See DMH letter dated January 14, 2002 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced or settled.

## AUDIT ADJUSTMENTS

Provider COUNTY OF SONOMA				Provider Number 00049	No. of Adj. 138	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED COSTS</u></b>			
1	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION  To incorporate depreciation expense for an alarm system capitalized in the FY 96/97 audit.	\$ 17,981,644	\$ 7,500	\$ 17,989,144 *
2	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION  To adjust the reported A-87 costs to agree with the approved A-87 cost allocation plan.	** \$ 17,989,144	\$ 55,620	\$ 18,044,764 *
3	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION  To disallow the self-insurance costs as the county was unable to demonstrate compliance with the federal self-insurance requirements. (The amount related to Sutter is excluded from the disallowance as all Sutter costs have already been properly eliminated from the cost report).	** \$ 18,044,764	\$ (1,257,402)	\$ 16,787,362 *
4	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION  To allow the actual claims paid by the county for health insurance, workers' compensation, and general liability. (The amount related to Sutter is excluded from the total as all Sutter cost have been properly eliminated from the cost report).	** \$ 16,787,362	\$ 656,997	\$ 17,444,359 *
5	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION  To adjust total costs due to a revised salaries and benefits plus services and supplies allocation created by the county.	** \$ 17,444,359	\$ 99,915	\$ 17,544,274
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	138	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED GROSS COST</u></b>			
6	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 1,326,977	\$(1,326,977)	\$0 *
7	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	23,982	(23,982)	0 *
8	MH 1960	11	C	NON-SD/MC ADMINISTRATION	1,846,576	(1,846,576)	0 *
-	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	3,197,535	-	3,197,535 *
				To eliminate the reported allocation of Administrative Costs. Administrative costs will be redistributed to the proper cost centers after adjustments to administrative costs are made below.			
9	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 3,197,535	\$ (274,088)	\$ 2,923,447 *
10	MH 1960	18	C	MODE COSTS (DIRECT SERVICE AND MAA)	14,353,154	274,088	14,627,242 *
				To reclassify the conservatorship costs from Administration to Mode 60 for consistency with prior-year treatment.			
11	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 2,923,447	\$ 7,500	\$ 2,930,947 *
				To incorporate depreciation expense for an alarm system capitalized in the FY 96/97 audit in conjunction with adjustment number 1.			
12	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 2,930,947	\$ 55,620	\$ 2,986,567 *
				To adjust the reported A-87 costs in conjunction with adjustment number 2.			
13	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 2,986,567	\$ (34,773)	\$ 2,951,794 *
14	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	355,865	(15,144)	340,721
15	MH 1960	17	C	RESEARCH AND EVALUATION	75,090	(3,196)	71,894
16	MH 1960	18	C	MODE COSTS (DIRECT SERVICE AND MAA)	** 14,627,242	<u>(547,292)</u>	14,079,950 *
						<u>(600,405)</u>	
				To adjust self-insurance costs at the program/department level in conjunction with adjustment numbers 3 and 4.			
				Disallow self-insurance premiums (Adj. #3)	(1,257,402)		
				Allow actual claims paid (Adj. #4)	656,997		
					<u>(600,405)</u>		
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider COUNTY OF SONOMA				Provider Number 00049	No. of Adj. 138	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED GROSS COST</u></b>			
17	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 2,951,794	\$ (338,415)	\$ 2,613,379 *
18	MH 1960	18	C	MODE COSTS (DIRECT SERVICE AND MAA)	** 14,079,950	438,330	14,518,280
				To adjust total costs at the program/department level in conjunction with adjustment number 5.		<u>99,915</u>	
19	MH 1960	9	C	SD/MC ADMINISTRATION	** \$0	\$1,526,009	\$ 1,526,009
20	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	** 0	24,045	24,045
21	MH 1960	11	C	NON SD/MC ADMINISTRATION	** 0	1,063,325	1,063,325
-	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** 2,613,379		2,613,379
				To allocate total administrative cost among SD/MC, Healthy Families, and Non SD/MC Administration based on the gross cost method percentages of 58.3922% for SD/MC, .9201% for Healthy Families, and 40.6877% for Non SD/MC.			
22	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL	\$ 147,684	\$ (6,285)	\$ 141,399
23	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW	2,669	(114)	2,555
24	MH 1960	15	C	NON SD/MC UTILIZATION REVIEW	205,512	(8,745)	196,767
-	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS	355,865	(15,144)	340,721
				To adjust utilization review costs in conjunction with the self-insurance adjustment number 14.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	138	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED MODES OF SERVICE</u></b>			
25	MH 1964	8	A	SUPPORT SERVICES (MODE 60)  To reclassify the conservatorship costs from Administration to Mode 60 in conjunction with adjustment number 10.	\$ 940,908	\$ 274,088	\$ 1,214,996 *
26	MH 1964	4	A	DAY SERVICES (MODE 10)	\$ 17,373	\$ (739)	\$ 16,634 *
27	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)	11,658,830	(440,930)	11,217,900 *
28	MH 1964	7	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	1,736,043	(73,880)	1,662,163
29	MH 1964	8	A	SUPPORT SERVICES (MODE 60)  To adjust self-insurance costs at the mode level in conjunction with adjustment number 16.	** 1,214,996	<u>(31,743)</u> <u>(547,292)</u>	1,183,253 *
30	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)	** \$ 11,217,900	\$ 332,001	\$ 11,549,901 *
31	MH 1964	8	A	SUPPORT SERVICES (MODE 60)  To adjust costs at the mode level in conjunction with adjustment number 18.	** 1,183,253	<u>106,329</u> <u>438,330</u>	1,289,582
32	MH 1964	4	A	DAY SERVICES (MODE 10)	** \$ 16,634	\$ 266,366	\$ 283,000
33	MH 1964	5	A	OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2)  To reclassify costs from Mode 15 to Mode 10 via the RVS method of allocation. The adjustments are proposed as Mode 10 has an unreasonably low cost per unit.	** 11,549,901	(266,366)	11,283,535
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	138	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED GROSS COST</u></b>			
				<b><u>MODE 15 - OUTPATIENT (PROGRAM 2)</u></b>			
34	MH 1966	3		SERVICE FUNCTION 15/10 (PROVIDER NUMBER 4979)	\$ 30,876	\$ 23,528	\$ 54,404
35	MH 1966	3		SERVICE FUNCTION 15/60 (PROVIDER NUMBER 4979)	21,279	1,868	23,147
36	MH 1966	3		SERVICE FUNCTION 15/30 (PROVIDER NUMBER 4980)	0	6,770	6,770
37	MH 1966	3		SERVICE FUNCTION 15/40 (PROVIDER NUMBER 4981)	165,246	(151,616)	13,630
38	MH 1966	3		SERVICE FUNCTION 15/31 (PROVIDER NUMBER 4982)	0	75,506	75,506
39	MH 1966	3		SERVICE FUNCTION 15/32 (PROVIDER NUMBER 4984)	0	18,152	18,152
40	MH 1966	3		SERVICE FUNCTION 15/33 (ASO)	0	28,067	28,067
41	MH 1966	3	A	MODE 15 - OUTPATIENT (PROGRAM 2)	217,401	2,275	219,676 *
				To report outpatient FFS costs by provider type and to adjust reported costs to agree with the county's records. The above costs are then allocated at the service function level on adjustment numbers 52 thru 60.			
				<b><u>MODE 15 - OUTPATIENT (PROGRAM 1)</u></b>			
42	MH 1966	3		SERVICE FUNCTION 10/25	\$ 17,373	\$ 265,627	\$ 283,000
43	MH 1966	3		SERVICE FUNCTION 15/01	1,190,788	30,226	1,221,014
44	MH 1966	3		SERVICE FUNCTION 15/10	382,181	(22,043)	360,138
45	MH 1966	3		SERVICE FUNCTION 15/30	3,505,506	(3,110,299)	395,207
46	MH 1966	3		SERVICE FUNCTION 15/40	2,150,170	2,944,878	5,095,048
47	MH 1966	3		SERVICE FUNCTION 15/50	300,945	(8,355)	292,590
48	MH 1966	3		SERVICE FUNCTION 15/60	3,037,737	(164,326)	2,873,411
49	MH 1966	3		SERVICE FUNCTION 15/70	874,102	(47,651)	826,451
50	MH 1966	3	A	MODE 10 - DAY SERVICES	17,373	265,627	283,000
51	MH 1966	3	A	MODE 15 - OUTPATIENT (PROGRAM 1)	11,441,429	(377,570)	11,063,859
				<b><u>MODE 15 - OUTPATIENT (PROGRAM 2)</u></b>			
52	MH 1966	3		SERVICE FUNCTION 15/10 (PROVIDER NUMBER 4979)	\$ 30,876	\$ 23,528	\$ 54,404
53	MH 1966	3		SERVICE FUNCTION 15/60 (PROVIDER NUMBER 4979)	21,279	1,868	23,147
54	MH 1966	3		SERVICE FUNCTION 15/30 (PROVIDER NUMBER 4980)	0	6,770	6,770
55	MH 1966	3		SERVICE FUNCTION 15/40 (PROVIDER NUMBER 4981)	165,246	(151,616)	13,630
				(continued)			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	138	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED GROSS COST</u></b>			
56	MH 1966	3		MODE 15 - OUTPATIENT (PROGRAM 2) SERVICE FUNCTION 15/31 (PROVIDER NUMBER 4982)	\$0	\$ 75,506	\$ 75,506
57	MH 1966	3		SERVICE FUNCTION 15/32 (PROVIDER NUMBER 4984)	0	17,664	17,664
58	MH 1966	3		SERVICE FUNCTION 15/61 (PROVIDER NUMBER 4984)	0	488	488
59	MH 1966	3		SERVICE FUNCTION 15/33 (ASO)	0	26,833	26,833
60	MH 1966	3		SERVICE FUNCTION 15/62 (ASO)	0	1,234	1,234
61	MH 1966	3	A	MODE 15 - OUTPATIENT (PROGRAM 2)  To adjust reported gross cost at the service function level to reflect the RVS method of allocation. The Mode 10 and Mode 15 costs were combined and allocated using the RVS method as the Mode 10 costs were unreasonably understated.	217,401	2,275	219,676
62	MH 1966	3		MAA SERVICE FUNCTION 01	\$ 145,952	\$ (9,753)	\$ 136,199
63	MH 1966	3		MAA SERVICE FUNCTION 11	584,917	(32,848)	552,069
64	MH 1966	3		MAA SERVICE FUNCTION 21  To adjust the MAA cost by service function codes due to the self-insurance correction on adjustment number 28.	137,933	(31,280)	106,653
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	138	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED TOTAL UNITS</u></b>			
				<u>MODE 15 - OUTPATIENT (PROGRAM 1)</u>			
65	MH 1966	2		SERVICE FUNCTION 10/25	5,004	46	5,050
66	MH 1966	2		SERVICE FUNCTION 15/01	1,042,384	(22,260)	1,020,124
67	MH 1966	2		SERVICE FUNCTION 15/10	260,382	(655)	259,727
68	MH 1966	2		SERVICE FUNCTION 15/30	2,388,318	29,008	2,417,326 *
69	MH 1966	2		SERVICE FUNCTION 15/40	1,464,921	77,251	1,542,172 *
70	MH 1966	2		SERVICE FUNCTION 15/50	205,035	5,977	211,012
71	MH 1966	2		SERVICE FUNCTION 15/60	1,110,786	1,417	1,112,203
72	MH 1966	2		SERVICE FUNCTION 15/70	397,020	330	397,350
				<u>MODE 15 - OUTPATIENT (PROGRAM 2)</u>			
73	MH 1966	2		SERVICE FUNCTION 15/10 (PROVIDER NUMBER 4979)	26,420	14,525	40,945
74	MH 1966	2		SERVICE FUNCTION 15/60 (PROVIDER NUMBER 4979)	9,650	(300)	9,350
75	MH 1966	2		SERVICE FUNCTION 15/30 (PROVIDER NUMBER 4980)	0	4,935	4,935
76	MH 1966	2		SERVICE FUNCTION 15/40 (PROVIDER NUMBER 4981)	142,425	(124,295)	18,130
77	MH 1966	2		SERVICE FUNCTION 15/31 (PROVIDER NUMBER 4982)	0	89,220	89,220
78	MH 1966	2		SERVICE FUNCTION 15/32 (PROVIDER NUMBER 4984)	0	20,230	20,230
79	MH 1966	2		SERVICE FUNCTION 15/61 (PROVIDER NUMBER 4984)	0	300	300
80	MH 1966	2		SERVICE FUNCTION 15/33 (ASO)	0	12,760	12,760
81	MH 1966	2		SERVICE FUNCTION 15/62 (ASO)	0	315	315
				To adjust total units to agree with the county's records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	138	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED TOTAL UNITS</u></b>			
82	MH 1966	2		<u>MODE 15 - OUTPATIENT (PROGRAM 1)</u>	**		
				SERVICE FUNCTION 15/30	2,417,326	(2,132,308)	285,018
83	MH 1966	2		SERVICE FUNCTION 15/40	1,542,172	2,132,308	3,674,480
				<p>To allocate total audited units for SFC 15/30 and SFC 15/40 based on the audited SD/MC units billed to and approved by DMH. This adjustment is made in order to properly match SD/MC units procedure codes to total units procedure codes.</p>			
				<p>* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.</p>			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	138	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u></b> <b><u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u></b>			
84	MH 1966	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	1,241,035	(17,921)	1,223,114 *
85	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	3,458,699	(83,504)	3,375,195 *
86	MH 1966	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	14,135	3,873	18,008 *
87	MH 1966	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	52,064	19,495	71,559 *
88	MH 1966	10	Total	ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03	0	7,420	7,420 *
89	MH 1966	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04	0	20,760	20,760 *
90	MH 1966	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	23,689	(1,399)	22,290 *
91	MH 1966	11A	Total	HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04	68,063	(145)	67,918 *
			Info	TOTAL	4,857,685	(51,421)	4,806,264 *
				To adjust the as settled (MH 1966) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated July 3, 2008 (excludes 7,465 UOS/UOT reported by County through the Disallowed Claims System (DCS)). The above adjustments include Phase II. Copies of workpapers which show details of the above adjustments have been provided to the County.			
92	MH 1966	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 1,223,114	(6,384)	1,216,730 *
93	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 3,375,195	(2,955)	3,372,240 *
94	MH 1966	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 18,008	6	18,014 *
95	MH 1966	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 71,559	2,303	73,862 *
96	MH 1966	10	Total	ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03	** 7,420	1,088	8,508 *
97	MH 1966	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04	** 20,760	2,231	22,991 *
98	MH 1966	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	** 22,290	(2,843)	19,447 *
99	MH 1966	11A	Total	HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04	** 67,918	(5,681)	62,237 *
			Info	TOTAL	** 4,806,264	(12,235)	4,794,029 *
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the County's report (excludes 7,465 UOS/UOT reported by the County's through the Disallowed Claims System (DCS)). Copies of workpapers which show details of the above adjustments have been provided to the County.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	138	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u></b> <b><u>COUNTY PROVIDERS - PROGRAMS 1 AND 2</u></b>			
100	MH 1966	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 1,216,730	1,138	1,217,868 *
101	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 3,372,240	(7,937)	3,364,303 *
102	MH 1966	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 18,014	(905)	17,109
103	MH 1966	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 73,862	2,729	76,591
104	MH 1966	10	Total	ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03	** 8,508	(1,193)	7,315
105	MH 1966	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04	** 22,991	(2,296)	20,695
106	MH 1966	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	** 19,447	0	19,447
107	MH 1966	11A	Total	HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04	** 62,237	0	62,237
			Info	TOTAL	** 4,794,029	(8,464)	4,785,565
				To adjust the SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report by SFC. The above adjustments include Phase II. Copies of workpapers which show details of the above adjustments have been provided to the County.			
108	MH 1966	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 1,217,868	(21,213)	1,196,655
109	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 3,364,303	(42,032)	3,322,271
			Info	TOTAL	** 4,785,565	(63,245)	4,722,320
				To adjust SD/MC units as a result of disallowances identified by the county's utilization and accounting review unit.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	138	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u></b>			
				<b><u>CONTRACT PROVIDERS</u></b>			
110	MH 1966	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	254,419	(6,062)	248,357 *
111	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	933,278	(15,514)	917,764 *
112	MH 1966	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	0	102	102 *
113	MH 1966	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	0	92	92 *
114	MH 1966	10	Total	ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03	0	6,020	6,020 *
115	MH 1966	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04	0	16,605	16,605 *
116	MH 1966	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	2,541	(47)	2,494 *
117	MH 1966	11A	Total	HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04	21,184	(1,786)	19,398 *
			Info	TOTAL	1,211,422	(590)	1,210,832 *
				To adjust the as settled (MH 1966) SD/MC units of service/time for the county's contract providers to agree with the State DMH Approved Claims Report dated July 3, 2008 (excludes 7,66 UOS/UOT reported by County through the Disallowed Claims System (DCS)). The above adjustments include Phase II. Copies of workpapers which show details of the above adjustments have been provided to the County.			
118	MH 1966	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 248,357	2,698	251,055 *
119	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 917,764	3,040	920,804 *
120	MH 1966	9	Total	MEDICARE/MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 102	(102)	0
121	MH 1966	9A	Total	MEDICARE/MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 92	(92)	0
122	MH 1966	10	Total	ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03	** 6,020	(2,612)	3,408 *
123	MH 1966	10A	Total	ENHANCED - CHILDREN UNITS - 10/01/03 to 06/30/04	** 16,605	(3,675)	12,930
124	MH 1966	11	Total	HEALTHY FAMILIES UNITS - 07/01/03 to 09/30/03	** 2,494	0	2,494
125	MH 1966	11A	Total	HEALTHY FAMILIES UNITS - 10/01/03 to 06/30/04	** 19,398	(1,514)	17,884
			Info	TOTAL	** 1,210,832	(2,257)	1,208,575 *
				To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the County's report (excludes 7,66 UOS/UOT reported by the County's through the Disallowed Claims System (DCS)). Copies of workpapers which show details of the above adjustments have been provided to the County.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

# AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
COUNTY OF SONOMA				00049	138	June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC UNITS</u></b> <b><u>CONTRACT PROVIDERS</u></b>			
126	MH 1966	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 251,055	(3,122)	247,933 *
127	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 920,804	(5,189)	915,615 *
128	MH 1966	10	Total	ENHANCED - CHILDREN UNITS - 07/01/03 to 09/30/03	** 3,408	(510)	2,898
			Info	TOTAL	** 1,208,575	(8,821)	1,199,754 *
				To adjust the SD/MC units to incorporate the controls of the lower of the County records or the State DMH Approved Claims Report by SFC. The above adjustments include Phase II. Copies of workpapers which show details of the above adjustments have been provided to the County.			
129	MH 1966	8	Total	MEDI-CAL UNITS - 07/01/03 to 09/30/03	** 247,933	(981)	246,952
130	MH 1966	8A	Total	MEDI-CAL UNITS - 10/01/03 to 06/30/04	** 915,615	(20,524)	895,091
			Info	TOTAL	** 1,199,754	(21,505)	1,178,249
				To adjust SD/MC units as a result of disallowances identified by the county's utilization and accounting review unit.			
				<b><u>ADJUSTMENTS TO PATIENT AND OTHER</u></b> <b><u>PAYOR REVENUE - COUNTY</u></b>			
131	MH 1968	28	K	PATIENT AND OTHER PAYOR REVENUE (07/01/03 - 09/30/03)	\$ 5,743	\$ 17,102	\$ 22,845
132	MH 1968	28A	K	PATIENT AND OTHER PAYOR REVENUE (10/01/03 - 06/30/04)	10,013	77,690	87,703
				To adjust patient and other payor revenue to agree with the county's records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

## AUDIT ADJUSTMENTS

Provider COUNTY OF SONOMA				Provider Number 00049	No. of Adj. 138	Fiscal Period Ended June 30, 2004	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<b><u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u></b>			
133	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMBURSEMENT  To adjust reported Contract Provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the contract providers SD/MC units of service/time.	\$ 4,285,756	\$ (381,774)	\$ 3,903,982
134	MH 1979	21	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY	\$ 5,755,162	\$ (167,042)	\$ 5,588,120
135	MH 1979	27	J	TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY	99,728	(11,713)	88,015
				TOTAL REIMBURSEMENT- COUNTY	<u>\$ 5,854,890</u>	<u>\$ (178,755)</u>	<u>\$ 5,676,135</u>
136	Sch. 3b	Total	24	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS	\$ 2,283,115	\$ (199,383)	\$ 2,083,732
137	Sch. 3b	Total	25	TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS	34,383	(7,386)	26,997
				TOTAL REIMBURSEMENT- CONTRACT PROVIDERS	<u>\$ 2,317,498</u>	<u>\$ (206,769)</u>	<u>\$ 2,110,729</u>
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.			
				<b><u>ADJUSTMENTS TO REPORTED EPSDT STATE GENERAL FUND SETTLEMENT</u></b>			
138	Sch. 4	10	3	TOTAL EPSDT SGF  To adjust the final EPSDT settlement as a result of adjustments to audited Medi-Cal cost.	\$ 1,178,568	\$ (40,932)	\$ 1,137,636
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

**SONOMA COUNTY  
COMMUNITY MENTAL HEALTH SERVICES  
SHORT-DOYLE/MEDI-CAL PROGRAM  
FINDINGS AND RECOMMENDATIONS  
FOR FISCAL YEAR ENDED JUNE 30, 2004**

**FINDING 1 – COST REPORTING OF PHASE II (OUTPATIENT) CONSOLIDATION  
EXPENDITURES**

The County did not disclose payments made to the Phase II contractors on MH 1966A, Program 2, of the cost report by provider type. Instead, the payments were reported by service function codes.

The Phase II contractor information such as costs, total units, and SD/MC units should be segregated by discipline or provider numbers. In addition, only actual payments made by the County to the Phase II contractors for their services should be disclosed as total costs.

**AUDIT AUTHORITY:**

State DMH letter dated December 23, 1998

**RECOMMENDATION:**

We recommend that the County separately identify and disclose payments, total units, and SD/MC units related to the Phase II contractors, by provider number, to comply with the State DMH letter dated December 23, 1998.

**AUDITEE'S RESPONSE:**

The County of Sonoma agrees with this finding. Total units, SD/MC units and costs for the Phase II contractors have been reported by provider type, instead of by service function, beginning with the FY 06-07 cost report.

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**SONOMA COUNTY  
COMMUNITY MENTAL HEALTH SERVICES  
SHORT-DOYLE/MEDI-CAL PROGRAM  
FINDINGS AND RECOMMENDATIONS  
FOR FISCAL YEAR ENDED JUNE 30, 2004**

**FINDING 2 – PROPER REPORTING OF CONSERVATORSHIP COST**

The County reported the conservatorship cost in the Administration line of the cost report. The conservatorship cost is a support service that is not reimbursable through the cost report. An adjustment was made to reclassify the cost to Mode 60 – Support Services.

**AUDIT AUTHORITY:**

DMH Letter 94-15  
Fiscal Year 2003/04 Cost Report Instructions, CFRS Appendix F-3  
California Code of Regulations, Title 9, Section 640

**RECOMMENDATION:**

We recommend that the County report the conservatorship cost to the proper mode level of service.

**AUDITEE'S RESPONSE:**

The County of Sonoma agrees with this finding. Beginning with the FY 05-06 Cost Report the conservatorship costs have been reported in Mode 60-Support Services.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS  
MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: SONOMA  
County Code: 49

Legal Entity: COUNTY OF SONOMA		A	B	C
Legal Entity Number: 00049		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	21,619,965	13,151,966	34,771,931
2	Encumbrances		483,468	483,468
3	Less: Payments to Contract Providers (County Only)		(10,869,066)	(10,869,066)
4	Other Adjustments from MH 1962		(6,380,576)	(6,380,576)
5	Total Costs Before Medi-Cal Adjustments	21,619,965	(3,614,208)	18,005,757
6	Medi-Cal Adjustments from MH 1961	(6,414)	(455,069)	(461,483)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			17,544,274
	Administrative Costs (County Only)			
9	SD/MC Administration			1,526,009
10	Healthy Families Administration			24,045
11	Non-SD/MC Administration			1,063,325
12	Total Administrative Costs			2,613,379
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			141,399
14	Other SD/MC Utilization Review			2,555
15	Non-SD/MC Utilization Review			196,767
16	Total Utilization Review Costs			340,721
17	Research and Evaluation (County Only)			71,894
18	Mode Costs (Direct Service and MAA)			14,518,280
19	Total Costs - Lines 9 through 18			17,544,274

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
MEDI-CAL ADJUSTMENTS TO COSTS  
MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SONOMA  
County Code: 49

Legal Entity: COUNTY OF SONOMA		A	B	C
Legal Entity Number: 00049		Salaries and Benefits	Other	Total Adjustments
1	FY 03/04 Depreciation		18,791	18,791
2	Unallowable Jail Expenses (includes admin costs)	(1,113,469)	(424,779)	(1,538,248)
3	Reimbursement for Jail Expenses (inc admin costs)	1,107,055	362,061	1,469,116
4	Accounts Payable Reversal from FY 02/03 CR		26,228	26,228
5	(Adjusted on FY 03/04 General Ledgers)			
6				
7	Adj 1 Incorporate deprec expense capitalized in PY.		7,500	7,500
8	Adj 2 Adjust A-87 cost to agree with county's records.		55,620	55,620
9	Adj 3 To disallow self-insurance costs funded by county.		(1,257,402)	(1,257,402)
10	Adj 4 To allow actual insurance claims paid.		656,997	656,997
11	Adj 5 To adjust total costs to agree w/ county's records.		99,915	99,915
12				
13				
14				
15				
16				
17				
18				
19				
20	<b>Total Adjustments</b>	(6,414)	(455,069)	(461,483)

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY**  
**OTHER ADJUSTMENTS**  
**MH 1962 (08/04)**

**DEPARTMENT OF MENTAL HEALTH**

**FISCAL YEAR 2003 - 2004**

County: SONOMA  
County Code: 49

Legal Entity: COUNTY OF SONOMA		A	B	C
Legal Entity Number: 00049		Salaries and Benefits	Other	Total Adjustments
1	Reclassify reimbursements to correct distribution		4,187,637	4,187,637
2	Reclassify reimbursements to correct distribution	(2,950,822)	(1,236,815)	(4,187,637)
3	State Hospital		(542,601)	(542,601)
4	A87 Overhead from FAMIS reports		1,358,626	1,358,626
5	Unallowable Excess Encumbrances		(388,555)	(388,555)
6	Total FFS Sutter I/P Contract	(4,510,703)	(2,297,343)	(6,808,046)
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	<b>Total Adjustments</b>	<b>(7,461,525)</b>	<b>1,080,949</b>	<b>(6,380,576)</b>

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
ALLOCATION OF COSTS TO MODES OF SERVICE  
MH 1964 (08/04)**

**DEPARTMENT OF MENTAL HEALTH**

**FISCAL YEAR 2003 - 2004**

County: SONOMA  
County Code: 49

Legal Entity: COUNTY OF SONOMA		A
Legal Entity Number: 00049		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	14,518,280
	<b>Modes</b>	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	283,000
5	Outpatient Services (Mode 15 Program 1 + Program 2)	11,283,535
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	1,662,163
8	Support Services (Mode 60)	1,289,582
9	Total - Lines 2 through 8	14,518,280

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966 (08/04)

## DETAIL COST REPORT

PAGE 1 OF 1

FISCAL YEAR 2003 - 2004

County: SONOMA  
County Code: 49

CR

Legal Entity: COUNTY OF SONOMA		A	B	C	D	E	F	G
Legal Entity Number: 00049		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 10 - Day Services			25					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		5,050					
3	Gross Cost	283,000	283,000					
4	Cost per Unit		56.04					
5	SMA per Unit		85.68					
6	Published Charge per Unit							
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/03 - 09/30/03	500					
8A		10/01/03 - 06/30/04	2,457					
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03	14					
9A		10/01/03 - 06/30/04	24					
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03						
10A		10/01/03 - 06/30/04						
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04						
11	Healthy Families (SED) Units	07/01/03 - 09/30/03						
11A		10/01/03 - 06/30/04						
12	Non-Medi-Cal Units		2,055					
13	Medi-Cal Costs	07/01/03 - 09/30/03	28,020	28,020				
13A		10/01/03 - 06/30/04	137,689	137,689				
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	42,840	42,840				
14A		10/01/03 - 06/30/04	210,516	210,516				
15	Medi-Cal Published Charges	07/01/03 - 09/30/03						
15A		10/01/03 - 06/30/04						
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03						
16A		10/01/03 - 06/30/04						
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	785	785				
17A		10/01/03 - 06/30/04	1,345	1,345				
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	1,200	1,200				
18A		10/01/03 - 06/30/04	2,056	2,056				
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03						
19A		10/01/03 - 06/30/04						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03						
20A		10/01/03 - 06/30/04						
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03						
21A		10/01/03 - 06/30/04						
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03						
22A		10/01/03 - 06/30/04						
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03						
23A		10/01/03 - 06/30/04						
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03						
24A		10/01/03 - 06/30/04						
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03						
29A		10/01/03 - 06/30/04						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03						
30A		10/01/03 - 06/30/04						
31	Healthy Families Published Charges	07/01/03 - 09/30/03						
31A		10/01/03 - 06/30/04						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03						
32A		10/01/03 - 06/30/04						
33	Non-Medi-Cal Costs		115,161	115,161				

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

PAGE 1 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966 (08/04)

## DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SONOMA			CR	CR	CR	CR	CR	CR	
County Code: 49									
Legal Entity: COUNTY OF SONOMA			A	B	C	D	E	F	G
Legal Entity Number: 00049			Mode Total	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)				Function	Function	Function	Function	Function	Function
				01	10	30	40	50	60
1	Allocation Percentage		100.00%	11.04%	3.26%	3.57%	46.05%	2.64%	25.97%
2	Total Units			1,020,124	259,727	285,018	3,674,480	211,012	1,112,203
3	Gross Cost		11,063,859	1,221,014	360,138	395,207	5,095,048	292,590	2,873,411
4	Cost per Unit			1.20	1.39	1.39	1.39	1.39	2.58
5	SMA per Unit			1.83	2.36	2.36	2.36	2.36	4.37
6	Published Charge per Unit			1.83	2.12	2.12	2.12	2.12	3.95
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/03 - 09/30/03		244,215	32,801	35,561	575,769	29,747	190,627
8A		10/01/03 - 06/30/04		524,600	100,690	94,340	1,708,853	85,480	527,440
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03			60	195	70		16,770
9A		10/01/03 - 06/30/04			1,735	2,375	4,555	29	67,408
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03		205	1,465	60	2,920	200	815
10A		10/01/03 - 06/30/04		865	2,970	675	6,315		345
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	Healthy Families (SED) Units	07/01/03 - 09/30/03		1,575	2,690	9,710	2,625	1,502	1,190
11A		10/01/03 - 06/30/04		6,598	8,956	36,013	5,665		3,125
12	Non-Medi-Cal Units			242,066	108,360	106,089	1,367,708	94,054	304,483
13	Medi-Cal Costs	07/01/03 - 09/30/03	1,823,019	292,308	45,482	49,309	798,363	41,247	492,491
13A		10/01/03 - 06/30/04	5,059,233	627,908	139,617	130,812	2,369,502	118,527	1,362,658
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	3,046,006	446,913	77,410	83,924	1,358,815	70,203	833,040
14A		10/01/03 - 06/30/04	8,484,821	960,018	237,628	222,642	4,032,893	201,733	2,304,913
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	2,787,241	446,913	69,538	75,389	1,220,630	63,064	752,977
15A		10/01/03 - 06/30/04	7,735,140	960,018	213,463	200,001	3,622,768	181,218	2,083,388
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04							
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	43,776		83	270	97		43,326
17A		10/01/03 - 06/30/04	187,173		2,406	3,293	6,316	40	174,151
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	74,052		142	460	165		73,285
18A		10/01/03 - 06/30/04	316,728		4,095	5,605	10,750	68	294,573
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	66,931		127	413	148		66,242
19A		10/01/03 - 06/30/04	286,172		3,678	5,035	9,657	61	266,262
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	9,478	245	2,031	83	4,049	277	2,106
21A		10/01/03 - 06/30/04	18,202	1,035	4,118	936	8,756		891
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	16,061	375	3,457	142	6,891	472	3,562
22A		10/01/03 - 06/30/04	30,767	1,583	7,009	1,593	14,903		1,508
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	14,491	375	3,106	127	6,190	424	3,219
23A		10/01/03 - 06/30/04	27,829	1,583	6,296	1,431	13,388		1,363
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	Healthy Families Costs	07/01/03 - 09/30/03	28,198	1,885	3,730	13,464	3,640	2,083	3,074
29A		10/01/03 - 06/30/04	90,090	7,897	12,418	49,936	7,855		8,074
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	47,632	2,882	6,348	22,916	6,195	3,545	5,200
30A		10/01/03 - 06/30/04	151,844	12,074	21,136	84,991	13,369		13,656
31	Healthy Families Published Charges	07/01/03 - 09/30/03	43,113	2,882	5,703	20,585	5,565	3,184	4,701
31A		10/01/03 - 06/30/04	137,741	12,074	18,987	76,348	12,010		12,344
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs		3,804,689	289,735	150,252	147,103	1,896,469	130,416	786,641

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

PAGE 2 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966 (08/04)

## DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SONOMA  
County Code: 49

CR

Legal Entity: COUNTY OF SONOMA		H	I	J	K	L	M	N
Legal Entity Number: 00049		Service	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function	Function
		70						
1	Allocation Percentage	7.47%						
2	Total Units	397,350						
3	Gross Cost	826,451						
4	Cost per Unit	2.08						
5	SMA per Unit	3.52						
6	Published Charge per Unit	3.18						
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/03 - 09/30/03 49,915						
8A		10/01/03 - 06/30/04 149,146						
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03						
9A		10/01/03 - 06/30/04 465						
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03 330						
10A		10/01/03 - 06/30/04 1,185						
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04						
11	Healthy Families (SED) Units	07/01/03 - 09/30/03 155						
11A		10/01/03 - 06/30/04 1,880						
12	Non-Medi-Cal Units	194,274						
13	Medi-Cal Costs	07/01/03 - 09/30/03 103,819						
13A		10/01/03 - 06/30/04 310,210						
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03 175,701						
14A		10/01/03 - 06/30/04 524,994						
15	Medi-Cal Published Charges	07/01/03 - 09/30/03 158,730						
15A		10/01/03 - 06/30/04 474,284						
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03						
16A		10/01/03 - 06/30/04						
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03						
17A		10/01/03 - 06/30/04 967						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03						
18A		10/01/03 - 06/30/04 1,637						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03						
19A		10/01/03 - 06/30/04 1,479						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03						
20A		10/01/03 - 06/30/04						
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03 686						
21A		10/01/03 - 06/30/04 2,465						
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03 1,182						
22A		10/01/03 - 06/30/04 4,171						
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03 1,049						
23A		10/01/03 - 06/30/04 3,768						
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03						
24A		10/01/03 - 06/30/04						
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04						
29	Healthy Families Costs	07/01/03 - 09/30/03 322						
29A		10/01/03 - 06/30/04 3,910						
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03 546						
30A		10/01/03 - 06/30/04 6,618						
31	Healthy Families Published Charges	07/01/03 - 09/30/03 493						
31A		10/01/03 - 06/30/04 5,978						
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03						
32A		10/01/03 - 06/30/04						
33	Non-Medi-Cal Costs	404,072						

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966 (08/04)

## DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SONOMA		MHS					
County Code: 49		MHS					
Legal Entity: COUNTY OF SONOMA		A	4979	4979	4980	4981	4982
Legal Entity Number: 00049			Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)		Mode Total	Function	Function	Function	Function	Function
			10	60	30	40	31
							32
1	Allocation Percentage	100.00%	24.77%	10.54%	3.08%	6.20%	34.37%
2	Total Units		40,945	9,350	4,935	18,130	89,220
3	Gross Cost	219,676	54,404	23,147	6,770	13,630	75,506
4	Cost per Unit		1.33	2.48	1.37	0.75	0.85
5	SMA per Unit		2.36	4.37	2.36	2.36	2.36
6	Published Charge per Unit						
7	Negotiated Rate / Cost per Unit						
8	Medi-Cal Units	07/01/03 - 09/30/03	1,275	8,915	720	3,840	16,260
8A		10/01/03 - 06/30/04	34,375	225	4,215	11,610	56,790
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03					
9A		10/01/03 - 06/30/04					
10	Enhanced SD/MC Units	07/01/03 - 09/30/03		180		420	660
10A		10/01/03 - 06/30/04	400			1,570	6,370
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04					
11	Healthy Families (SED) Units	07/01/03 - 09/30/03					
11A		10/01/03 - 06/30/04					
12	Non-Medi-Cal Units		4,895	30		690	9,140
13	Medi-Cal Costs	07/01/03 - 09/30/03	50,535	1,694	22,070	988	2,887
13A		10/01/03 - 06/30/04	139,236	45,674	5,782	8,728	48,061
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	107,250	3,009	38,959	1,699	9,062
14A		10/01/03 - 06/30/04	305,819	81,125	9,947	27,400	134,024
15	Medi-Cal Published Charges	07/01/03 - 09/30/03					
15A		10/01/03 - 06/30/04					
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03					
16A		10/01/03 - 06/30/04					
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03					
17A		10/01/03 - 06/30/04					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03					
18A		10/01/03 - 06/30/04					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03					
19A		10/01/03 - 06/30/04					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03					
20A		10/01/03 - 06/30/04					
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	1,372		446		316
21A		10/01/03 - 06/30/04	7,103	531		1,180	5,391
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	3,477		787		991
22A		10/01/03 - 06/30/04	19,682	944		3,705	15,033
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03					
23A		10/01/03 - 06/30/04					
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03					
24A		10/01/03 - 06/30/04					
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04					
29	Healthy Families Costs	07/01/03 - 09/30/03					
29A		10/01/03 - 06/30/04					
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03					
30A		10/01/03 - 06/30/04					
31	Healthy Families Published Charges	07/01/03 - 09/30/03					
31A		10/01/03 - 06/30/04					
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03					
32A		10/01/03 - 06/30/04					
33	Non-Medi-Cal Costs		21,430	6,504	74	0	519
						7,735	2,855

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SONOMA		MHS	MHS	MHS			
County Code: 49							
Legal Entity: COUNTY OF SONOMA		4984	49ZZ	49ZZ	K	L	M
Legal Entity Number: 00049		Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient (Program 2)		Function	Function	Function	Function	Function	Function
		61	33	62			
1	Allocation Percentage	0.22%	12.21%	0.56%			
2	Total Units	300	12,760	315			
3	Gross Cost	488	26,833	1,234			
4	Cost per Unit	1.63	2.10	3.92			
5	SMA per Unit	4.37	2.36	4.37			
6	Published Charge per Unit						
7	Negotiated Rate / Cost per Unit						
8	Medi-Cal Units	07/01/03 - 09/30/03	300	2,400	90		
8A		10/01/03 - 06/30/04		8,720	150		
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03					
9A		10/01/03 - 06/30/04					
10	Enhanced SD/MC Units	07/01/03 - 09/30/03					
10A		10/01/03 - 06/30/04					
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04					
11	Healthy Families (SED) Units	07/01/03 - 09/30/03					
11A		10/01/03 - 06/30/04					
12	Non-Medi-Cal Units		1,640	75			
13	Medi-Cal Costs	07/01/03 - 09/30/03	488	5,047	353		
13A		10/01/03 - 06/30/04		18,337	588		
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	1,311	5,664	393		
14A		10/01/03 - 06/30/04		20,579	656		
15	Medi-Cal Published Charges	07/01/03 - 09/30/03					
15A		10/01/03 - 06/30/04					
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03					
16A		10/01/03 - 06/30/04					
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03					
17A		10/01/03 - 06/30/04					
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03					
18A		10/01/03 - 06/30/04					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03					
19A		10/01/03 - 06/30/04					
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03					
20A		10/01/03 - 06/30/04					
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03					
21A		10/01/03 - 06/30/04					
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03					
22A		10/01/03 - 06/30/04					
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03					
23A		10/01/03 - 06/30/04					
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03					
24A		10/01/03 - 06/30/04					
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04					
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04					
27	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04					
29	Healthy Families Costs	07/01/03 - 09/30/03					
29A		10/01/03 - 06/30/04					
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03					
30A		10/01/03 - 06/30/04					
31	Healthy Families Published Charges	07/01/03 - 09/30/03					
31A		10/01/03 - 06/30/04					
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03					
32A		10/01/03 - 06/30/04					
33	Non-Medi-Cal Costs		3,449	294			

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH  
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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SONOMA  
County Code: 49

County Code: 49		MAA	MAA	MAA	MAA	MAA	MAA	
Legal Entity: COUNTY OF SONOMA		A	B	C	D	E	F	G
Legal Entity Number: 00049		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities			01	04	07	11	21	24
1	Allocation Percentage	100.00%	8.19%	0.78%	4.23%	33.21%	6.42%	32.86%
2	Total Units		212,016	28,962	82,896	799,220	179,910	535,843
3	Total Expenditures	1,662,163	136,199	12,973	70,243	552,069	106,653	546,244
4	Cost per Unit		0.64	0.45	0.85	0.69	0.59	1.02
5	Non-Medi-Cal Costs	380,922						

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH  
PAGE 2 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SONOMA  
County Code: 49

		MAA	MAA	MAA				
Legal Entity: COUNTY OF SONOMA		H	I	J	K	L	M	N
Legal Entity Number: 00049		Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities								
		27	31	35				
1	Allocation Percentage	3.06%	2.20%	9.05%				
2	Total Units	61,443	61,737	193,403				
3	Total Expenditures	50,839	36,521	150,421				
4	Cost per Unit	0.83	0.59	0.78				
5	Non-Medi-Cal Costs							

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL  
MH 1966 (08/04)

DEPARTMENT OF MENTAL HEALTH  
PAGE 1 OF 1  
FISCAL YEAR 2003 - 2004

County: SONOMA		CR						
County Code: 49								
Legal Entity: COUNTY OF SONOMA		A	B	C	D	E	F	G
Legal Entity Number: 00049			Service	Service	Service	Service	Service	Service
Mode: 60 - Support		Mode Total	Function	Function	Function	Function	Function	Function
			40					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		365					
3	Gross Cost	1,289,582	1,289,582					
4	Cost per Unit		3,533.10					
5	Non-Medi-Cal Units (Same as Line 2)		365					
6	Non-Medi-Cal Costs (Same as Line 3)	1,289,582	1,289,582					

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT  
MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

County: SONOMA County Code: 49			REIMBURSEMENT TYPE				PC	Costs				Costs	
Legal Entity: COUNTY OF SONOMA			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number: 00049			Mode 55 S.F.'s 01-09, 11-19, 21-29				Total Inpatient Mode 05-Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
			S.F.'s 01-09	S.F.'s 11-19	S.F.'s 21-29	Total MAA							
1	Medi-Cal Costs	07/01/03 - 09/30/03							28,020	1,823,019	1,851,038	50,535	1,901,574
1A		10/01/03 - 06/30/04							137,689	5,059,233	5,196,923	139,236	5,336,159
2	Medi-Cal SMA	07/01/03 - 09/30/03							42,840	3,046,006	3,088,846	107,250	3,196,097
2A		10/01/03 - 06/30/04							210,516	8,484,821	8,695,337	305,819	9,001,156
3	Medi-Cal P. C.	07/01/03 - 09/30/03								2,787,241	2,787,241		2,787,241
3A		10/01/03 - 06/30/04								7,735,140	7,735,140		7,735,140
4	Medi-Cal N. R.	07/01/03 - 09/30/03											
4A		10/01/03 - 06/30/04											
5	Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03							28,020	1,823,019	1,851,038	50,535	1,901,574
5A		10/01/03 - 06/30/04							137,689	5,059,233	5,196,923	139,236	5,336,159
6	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03							785	43,776	44,561		44,561
6A		10/01/03 - 06/30/04							1,345	187,173	188,518		188,518
7	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03							1,200	74,052	75,251		75,251
7A		10/01/03 - 06/30/04							2,056	316,728	318,784		318,784
8	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03								66,931	66,931		66,931
8A		10/01/03 - 06/30/04								286,172	286,172		286,172
9	Medicare/Medi-Cal Crossover N. R.	07/01/03 - 09/30/03											
9A		10/01/03 - 06/30/04											
10	Medicare/Medi-Cal Crossover Gross Reim	07/01/03 - 09/30/03							785	43,776	44,561		44,561
10A		10/01/03 - 06/30/04							1,345	187,173	188,518		188,518
11	Total SD/MC + Crossover Gross Reim	07/01/03 - 09/30/03							28,804	1,866,795	1,895,599	50,535	1,946,135
11A		10/01/03 - 06/30/04							139,034	5,246,406	5,385,441	139,236	5,524,677
12	Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03								9,478	9,478	1,372	10,850
12A		10/01/03 - 06/30/04								18,202	18,202	7,103	25,305
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03								16,061	16,061	3,477	19,538
13A		10/01/03 - 06/30/04								30,767	30,767	19,662	50,450
14	Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03								14,491	14,491		14,491
14A		10/01/03 - 06/30/04								27,829	27,829		27,829
15	Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03											
15A		10/01/03 - 06/30/04											
16	Enhanced SD/MC (Children) Gross Reim	07/01/03 - 09/30/03								9,478	9,478	1,372	10,850
16A		10/01/03 - 06/30/04								18,202	18,202	7,103	25,305
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04											
18	Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04											
19	Enhanced SD/MC (Refugees) P. C.	07/01/03 - 06/30/04											
20	Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04											
21	Total Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03							28,804	1,876,273	1,905,078	51,907	1,956,985
21A	(Excludes Refugees)	10/01/03 - 06/30/04							139,034	5,264,608	5,403,643	146,339	5,549,981
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04											
23	Healthy Families Cost	07/01/03 - 09/30/03								28,198	28,198		28,198
23A		10/01/03 - 06/30/04								90,090	90,090		90,090
24	Healthy Families SMA	07/01/03 - 09/30/03								47,632	47,632		47,632
24A		10/01/03 - 06/30/04								151,844	151,844		151,844
25	Healthy Families P. C.	07/01/03 - 09/30/03								43,113	43,113		43,113
25A		10/01/03 - 06/30/04								137,741	137,741		137,741
26	Healthy Families N. R.	07/01/03 - 09/30/03											
26A		10/01/03 - 06/30/04											
27	Healthy Families Gross Reim	07/01/03 - 09/30/03								28,198	28,198		28,198
27A		10/01/03 - 06/30/04								90,090	90,090		90,090
28	Less: Patient and Other Payor Revenue												
28A	SD/MC + Crossover Revenue	07/01/03 - 09/30/03							296	22,549	22,845		22,845
29	Enhanced SD/MC (Children) Revenue	10/01/03 - 06/30/04							1,141	86,563	87,704		87,704
30	Enhanced SD/MC (Refugees) Revenue												
31	Healthy Families Revenue												
32	Total Expenditures from MAA (Mode 55)		219,415	739,011	703,736	1,662,163							
33	Medi-Cal Eligibility Factor (Average)			73.60%									
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/03 - 09/30/03	219,415	543,894	517,932	1,281,241			28,508	1,853,724	1,882,233	51,907	1,934,140
35A		10/01/03 - 06/30/04							137,893	5,178,045	5,315,939	146,339	5,462,277
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/03 - 09/30/03								28,198	28,198		28,198
37A		10/01/03 - 06/30/04								90,090	90,090		90,090
38	Amount Negotiated Rates Exceed Costs												
38A	SD/MC (includes Children)	07/01/03 - 09/30/03											
39	Enhanced SD/MC (Refugees)	10/01/03 - 06/30/04											
40	Healthy Families	07/01/03 - 09/30/03											
40A		10/01/03 - 06/30/04											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

SD/MC PRELIMINARY DESK SETTLEMENT  
MH 1979 (08/04)

FISCAL YEAR 2003 - 2004

County: SONOMA  
County Code: 49

Legal Entity: COUNTY OF SONOMA		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00049		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	54.35% FFP	52.95% FFP	Variable % FFP	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement			7,506,966	7,506,966						
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement			3,903,982	3,903,982						
3	Total Medi-Cal Direct Service Gross Reimbursement				11,410,948						
4	Medi-Cal Administrative Reimbursement Limit				1,711,642						
5	Medi-Cal Administration				1,526,009						
6	Medi-Cal Administrative Reimbursement				1,526,009	763,005					763,005
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement			118,289	118,289						
7A	Contract Providers Healthy Families Direct Service Gross Reim.			52,897	52,897						
7B	Total Healthy Families Direct Service Gross Reimbursement				171,186						
8	Healthy Families Administrative Reimbursement Limit				17,119						
9	Healthy Families Administration				24,045						
10	Healthy Families Administrative Reimbursement				17,119				11,127		11,127
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09	219,415			219,415	109,708					109,708
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39	543,894			543,894	271,947					271,947
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)	517,932			517,932					388,449	388,449
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				141,399					106,049	106,049
15	Other SD/MC Utilization Review (County Only)				2,555	1,278					1,278
16	SD/MC Net Reimbursement for Direct Services			1,923,290	1,923,290		1,045,308				1,045,308
16A				5,436,973	5,436,973			2,878,877			2,878,877
17	Enhanced SD/MC Net Reimb. (Children)			10,850	10,850				7,053		7,053
17A				25,305	25,305				16,448		16,448
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										5,588,120
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										5,588,120
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										5,588,120
24	Healthy Families Net Reimbursement			28,198	28,198				18,329		18,329
24A				90,090	90,090				58,559		58,559
25	Total Healthy Families Reimbursement Before Excess FFP										88,015
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										88,015